

NAMES: WATSON, John Henry  
 PLACES: Sharon, Wndr, Vrmn  
 ENTER ALL DATA IN THIS ORDER:  
 DATES: 14 Apr 1794  
 To indicate that a child is an ancestor of the family representative, place an "X" behind the number pertaining to that child.

<b>HUSBAND</b> CROOK, Heber Giles (farmer) Born 18 Sep 1861- Place Heber Wstch Utah Chr. 20 Oct 1861 Place Heber Wstch Utah Marr. 14 Dec 1887 Place Logan Cache Utah ed 23 Apr 1941 Place Heber Wstch Utah ur. 26 Apr 1941 Place Heber Wstch Utah HUSBAND'S FATHER CROOK, John HUSBAND'S OTHER WIVES HUSBAND'S MOTHER GILES, Mary										<b>Husband</b> CROOK, Heber Giles 1861 <b>Wife</b> NICOL, Sarah Matilda Ward 1. <i>NLO</i> Examiners: 2. <i>AB</i> Stake or Mission <i>Wilford</i> NAME & ADDRESS OF PERSON SUBMITTING RECORD Dale F. Mahoney 2939 Hartford St. Salt Lake Cit., Utah 84106 FAMILY REPRESENTATIVE MAHONEY, Mary Crook (17 Aug 1901) RELATION OF F.R. TO HUSBAND daughter RELATION OF F.R. TO WIFE daughter <b>TEMPLE ORDINANCE DATA</b> BAPTIZED (DATE) ENDOWED (DATE) SEALED (Date & Temple) HUSBAND 6 Aug 1878 14 Dec 1887 14 Dec 1887 <i>LG</i> WIFE 24 Oct 1876 14 Dec 1887 SEALED (Date & Temple) CHILDREN TO PARENTS 11 Sep 1897 22 June 1910 BIC 17 Aug 1901 15 Apr 1913 BIC 17 Aug 1901 18 Aug 1915 BIC 21 Aug 1904 1 Mar 1916 BIC child child BIC 4 Aug 1907 BIC 4 July 1909 28 June 1922 BIC child child BIC 5 Feb 1916 BIC 5 Oct 1918 BIC																																																																																																																																																																				
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<b>SOURCES OF INFORMATION</b> Family records in possession of Mary Crook Mahoney Heber, Utah R. F. D.										<b>OTHER MARRIAGES</b> #2 John md (2) 4 Sep 1953 JAMISON, Isabell #10 Blanche md (2) EVANS, David																																																																																																																																																																				
<b>NECESSARY EXPLANATIONS</b> #10 Blanche unable to obtain dates of marriages and divorce																																																																																																																																																																														

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429 East 4th South Heber City, Utah 84032

4

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)

Croup, UTI, Angina Pectoris

Was your illness or injury connected with your employment?  
☐ Yes ☒ No

5

If any of your medical expenses will be or could be paid by another insurance organization or government agency (including FEHB), show below.

Name and address of organization or agency

Blue Cross

Policy or Identification Number

R03 671-228 102

Note: If you Do Not want information about this Medicare claim released to the above upon its request, check (X) the following block ☐

6

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign)

SIGN  
HERE

Signature on file. Original attached.

Date signed

11-04-77

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14